MULTIPLE (DEPENDEN	T CLAIM
FEE CAL	CULATION S	SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)							
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM PTO-1360 (REV 3-78)

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TOTAL IND. TOTAL DEP. TOTAL CLAIMS